

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS: To establish or change a direct deposit to a **CHECKING** account, attach a voided personal check drawn on the account that will receive the direct deposit and complete Section 1 below. You do not need to complete Section 2 if a voided check is attached to this form. Complete Section 2 if a voided check is not attached or the direct deposit is to be credited to a "Savings Account". Section 2 of this form must be completed by a representative of the financial institution.

SECTION 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name _____
Social Security Number _____
Home Telephone _____ Work Telephone _____
Transaction Type ☐ Enrollment ☐ Change (See Note 1 – Changes) ☐ Cancellation
Account Type ☐ Checking (attach voided check) or ☐ Savings Account (complete Section 2 below)
Name of Financial Institution _____ Bank Acct # _____

I hereby authorize Montgomery County, Maryland (hereinafter called the "County") to deposit my net salary with the bank named above (hereinafter called the "Bank") to credit same to the checking/or savings account described on the attached voided check or below. This authorization is to remain in force until the County has received written notification from me of its termination in such time and in such manner as to afford the County and/or the Bank a reasonable opportunity to act upon it.

In the event that the County notifies the Bank that funds to which I am not entitled have been deposited in my account inadvertently, I hereby authorize and direct the Bank to return said funds to the County as soon as possible.

Signature _____ Date _____

Note 1 – Changes - When changing accounts and/or financial institutions, employees should keep both accounts open until the new account has been credited with the direct deposit. **In the period the change is submitted, a payroll check may be received in lieu of the direct deposit of pay to allow for the prenotification of the change to the financial institution.** DO NOT CLOSE YOUR OLD ACCOUNT UNTIL THE FIRST DEPOSIT IS CREDITED TO YOUR NEWLY DESIGNATED ACCOUNT. DO NOT ASSUME THAT YOUR FUNDS HAVE BEEN DEPOSITED IN THE ACCOUNT UNTIL YOU VERIFY THAT THE FIRST DEPOSIT HAS IN FACT BEEN MADE.

SECTION 2 - TO BE COMPLETED BY FINANCIAL INSTITUTION

We, the below-designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that the account number shown for the payee named herein will be included on individual credits to his/her account. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee. We agree to honor the employee's authorization (above) to return funds deposited in their account inadvertently, when requested by Montgomery County, Maryland.

Name of Financial Institution _____
Bank Routing Number _____ Bank Account Number _____
Account Type ☐ Checking or ☐ Savings Account

SIGNATURE OF BANK OFFICER DATE TELEPHONE NO.

PLEASE RETURN THE COMPLETED FORM, ALONG WITH A COPY OF A VOIDED CHECK OR OTHER DOCUMENTATION AS DESCRIBED ABOVE, TO:

Montgomery County Government
101 Monroe Street, 8th floor Payroll Section
Rockville, MD 20850
phone: (240) 777-8840 fax: (240) 777-8843

Please keep a copy of this form for your records